Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant Name: MARIA HEXSEL			
Date Received: 2/22/2613	Applicant Number:	0374	
Recommended Applicant Pool Status:	Final Applicant P	Final Applicant Pool Status:	
☐ Included ☐ Removed	Included	Removed	
REQUIREMENTS:			
1. Was the application received before the sub-	mission deadline?	□Yes □No	
If NO, list time/date application was recei	ved:		
2. Is the application complete?		□Yes □No	
If NO, list the item(s) that need to be com	oietea:		
3. Indicate how the applicant responded to the	following questions:		
A. Student enrolled in a college/university in the City of Austin?		□Yes ☑No	
If YES, consider I and ii only; If NO, conside	er I, ii, iii, and iv:		
i. Reside in the City of Austin?		□Yes □No	
ii. Registered to vote in the City of A	Austin?	Yes No	
iii. Continuously registered to vote i	n the City of Austin?	ŪYes □No	
iv. Voted in 3 of the last 5 City of Au	stin general elections?	☑Yes ☐No	
❖ Follow-up needed related to REQUIREMENTS		□Yes ☑No	
If YES, identify issue(s) addressed and disp	osition:		

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CONFLICTS OF INTEREST:

4.	Did the applicant respond "Yes" to any conflict of interest If YES, indicate which question(s):	questions?	□Yes □No
*	Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:		□Yes ☑No
<u>CC</u>	DNSISTENCY:		
5.	Are applicant answers consistent? If NO, indicate which answer(s):		☑Yes □No
*	Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:		□Yes ☑No
Aį	oplication Reviewed By: BRE ELETU — SD)BD	Review Date: 02/2	5 /2013
Application Reviewed By: FRETU-ODIBO Review Date: 02/25/2013 Quality Control Review By: P9 QC Review Date: 03/01/201			101/2013
Follow-up Contact(s) Reviewed By: Date:			